Response to Reviewer 3 Comments

**Point 1:** The presented study is written correctly in terms of methodology; however, the topic is not innovative, and the conclusions do not bring anything new to the current state of knowledge.

**Response 1:** We appreciate this comment but respectfully disagree with this reviewer’s comments. We still feel that the topic is innovative given the fact that intrapartum foetal heart rate in limited resource countries is still a public health problem and innovative method need to be in place to reduce perinatal mortality. Moreover, most of the randomized controlled studies on intrapartum FHR monitoring have been conducted in high resource countries whose settings may not necessarily be the same as in the LIC context.

**Point 2:** In the introduction, the authors do not refer to the latest publications, e.g. item No. 13: in 2009 an update appeared and should be quoted. Please refer to the latest research.

**Response 2:** We have made minor updates in the introduction part with latest references. We have removed few references and replaced with latest ones (less than 10 years old).

**Point 3:** In table 1 and 4, the significance (p) results should be added.

**Response 3:** For Table 1 we understand that there may be significant differences in baseline characteristics. It should be noted that Table 1 is aimed at describing the demographic and clinical characteristics of the study subjects. From CONSORT guidelines for reporting randomized clinical trials (RCT); it is documented that any difference in baseline characteristics in such studies are the results of chance rather than bias (Moher et al., 2010). Hence p-values, confidence intervals and standard errors are not recommended to be part of this table as they are inferential rather than descriptive. Significance tests assess the probability that observed differences in baseline are by chance which is already known since it is randomized and controlled.

For Table 4, we have added the p-values on page 11

**Point 4:** Figure 2 is out of focus, difficult to read - please correct

**Response 4:** We appreciate this comment. We have submitted revised and updated figures with high resolution in as separate files

**Point 5:** In the discussion, the authors discuss in most of the results of their earlier work, there is no reference to the latest research published in the topic of intrapartum detection of foetal heart rate.

**Response 2:** We appreciate the reviewer’s comments. However, in addition to our previous work, we included several literature and systematic reviews in the intrapartum FHR detection topic such as Haws et al 2009 (BMC), Alfrevic et al 2017 (Cochrane database), Byaruhanga et al 2015 (BMJ), Devane D et al 2017(Cochrane review), Martis R et al 2017 (Cochrane) and Brocklehurst et al 2017 (Lancet). Using these papers, we have discussed different issues related to the topic.
Point 6: The discussion did not cover all the outcomes described in the study, e.g. regarding perinatal death - please complete.

Response 6: We have tried to cover all important outcomes as per study objectives within the journal limited space. There were very few perinatal deaths in our study due to the nature of population that was included. We have added in the limitation section as follows on page 14:

“the study involved low risk pregnancies with fewer adverse perinatal outcomes than would be expected in the overall population”